



**Los Angeles County Commission for Women (LACCW)  
EVENT FUNDING REQUEST FORM**

*All requests for funds should allow LACCW 30 days to make a determination. The requesting Commissioner must provide the following information before consideration of a request*

Name of Commissioner(s)

Los Angeles County District

Olivia Rodriguez

1st

Amount Requesting: **\$500**

Purpose of Usage: ☐ Ticket(s)

☐ Donation

☒ Other (specify) Cover refreshments and printing of materials

Organization's Name: Los Angeles County Perinatal Mental Health Task Force

Address: c/o Community Partners, 1000 S. Alameda Street, Suite 240, LA 90023

Street

City

Zip

Telephone Number: **213-346-3200**

FAX Number: \_\_\_\_\_

Website Address: www.laperinatalmentalhealth.com

E-mail: kwong@pubdef.lacounty.gov

Contact Person (Name and Position): Kimberly Wong

Event Information – Name, Time and Location:

Perinatal Depression Training at Esperanza Community Housing, 2337 South Figueroa Street | Los Angeles, CA 90007, on Monday, May 9th from 9 a.m. - noon,

Event Information – Purpose and Goals: (Event publicity materials may be included (optional))

Esperanza Community Housing provides training countywide for community health workers known as promotoras. Esperanza requested that the Los Angeles County Perinatal Mental Health Task Force provide a training for the promotoras, who cover not only the 1st District but practice in all supervisorial districts.

Constituency served within Los Angeles County (age, gender, ethnicity, income level, geographical region, etc.):

Spanish speaking women and their families from lower income communities who may or may not have insurance or who may be underinsured, with young children. Promotoras cover LA County but have a significant presence in the First and Second Districts.

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How will your attendance or donation to this event benefit the LACCW?

The CW will help to promote an event that will encourage healthy families. Promotoras previously expressed that perinatal depression is a serious and growing concern among the Spanish speaking populations. Trainers from the Perinatal Task Force will be providing the training free of charge; however, funds would cover printing of training materials (estimated at \$300) and refreshments for the approximate 50 attendees.

Have you participated in this event before representing the LACCW?

No ( ☒ ), this is the first time.

Yes ( ☐ ), I have attended prior to this one. Year(s): \_\_\_\_\_

Have this organization received donation fund from LACCW before? If yes, please specify the event, time, and amount of donation. If more than once, please specify the two most recent occasions.

First Occasion: \_\_\_\_\_

Second Occasion: \_\_\_\_\_

*Please send this form to:*

**Los Angeles County Commission for Women**  
500 W. Temple Street, Rm. B-50, Los Angeles, CA 90012

PH: 213-974-1455

FAX: 213-633-5102

E-mail: rrangel@bos.lacounty.gov

***For CW Office Only:***

(Yes ☐ ) (No ☐ )

Place on Agenda

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Reviewed By

\_\_\_\_\_  
Reason for not placing on agenda

\_\_\_\_\_  
Date of CW Board Meeting

(Yes ☐ ) (No ☐ )  
\_\_\_\_\_  
Action Taken

(Yes ☐ ) (No ☐ )  
\_\_\_\_\_  
Notification Sent

\_\_\_\_\_  
Amount Approved

\_\_\_\_\_  
Reason for Rejection

Approved 9/13/10